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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
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CORRESPONDENCE ADDRESS**

|                        |               |
|------------------------|---------------|
| Application Number     | 10/521,926    |
| Filing Date            | July 22, 2005 |
| First Named Inventor   | Berner, et al |
| Art Unit               |               |
| Examiner Name          |               |
| Attorney Docket Number | 32577A        |

**To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number **001095**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: File Transfer

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| <input checked="" type="checkbox"/> Firm or Individual Name | D. Peter Hochberg Co., LPA      |                  |               |
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| Signature   | <i>John D. Thallmer</i>         |                  |               |
| Name  | John D. Thallmer                | Registration No. | 34,940        |
| Date  | May 16, 2006                    | Telephone No.    | (609) 6278507 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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